

Policy & Practice Briefs to Eliminate Child Care & Preschool Suspension

An NCECF & TREP Project Collaboration



Moving Upstream to Prevention: The Underlying Role of ACEs and Trauma in Children's Dysregulated Behaviors

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Young children who are expelled from child care and early learning programs miss out on the tremendous benefits that early education has for young learners.

Families who have a child that has been expelled lose access to the child care they need to work and provide for their families. Worst of all, expulsions are much more common among [specific populations](#): boys are four times more likely to be expelled than girls, and Black children and children with disabilities or learning differences are also at much higher risk of expulsion than their peers. Given the overwhelming evidence that [early childhood exclusion has negative impacts on children's social, emotional, and academic development](#), many states are implementing policies to prevent or even prohibit excluding children from early learning programs.



There are many factors at play in young children's dysregulated behaviors. This brief looks upstream at how adverse childhood experiences (also known as ACEs) find expression in child behavior and contribute to exclusionary discipline. **Understanding ACEs and children's response can help early childhood professionals recognize sources of trauma, and ensure that children and their families connect with appropriate interventions.** When young children and their families receive the care and support they need, they can overcome the impacts of exposure to ACEs, building their resilience and well-being for the long term.

Traumatic experiences affect child behavior

In previous briefs in this series, we have focused on how child care providers and preschool teachers can respond to children in developmentally supportive ways when they exhibit dysregulated behaviors, and work with their parents and other caregivers to minimize exclusion from care and learning. However, when children are exposed to [trauma and toxic levels of stress](#), supportive caregiving alone is not enough. Too many families are lacking the economic and social resources to be present and effective caregivers for their children, or to find the interventions their child needs to thrive. **Early childhood professionals play an important role in connecting families to resources that can help.**

There is now a greater understanding that much of people's health outcomes is determined by what happens outside of the doctor's office--the [social determinants of health](#). This understanding comes with a growing push to address issues that may impact well-being, such as poverty, homelessness, and hunger. We similarly need to consider the social determinants of infant and child well-being, which are largely determined by the well-being of their parents and caregivers.

[Adverse Childhood Experiences \(ACEs\)](#) are traumatic experiences that occur in childhood and have been associated with negative health and social outcomes into adulthood. These can include abuse, neglect, and household challenges like parental mental illness, domestic violence, substance use, and incarceration. [Poverty itself is considered a significant adverse experience](#) associated with negative social and mental health outcomes for children.

Experiencing multiple ACEs without the care of a trusted adult and a safe environment can lead to [toxic stress in a child](#). Toxic stress can activate biological responses that have long-lasting detrimental impacts into adulthood. Early exposure to adversity, when not properly addressed, can set off a cascade of [developmental challenges](#), [long-term physical health problems](#), [poor mental health outcomes in adulthood](#), and poor educational experiences, including [increased likelihood of suspensions](#), [lower grades and school absenteeism](#) in adolescence. However, timely and appropriate care and intervention can prevent such long-term negative outcomes and contribute to better physical and mental health for children.



Breaking the cycle

Understanding when children’s challenging behaviors may be due to toxic stress and trauma is an important aspect of breaking the [*intergenerational transmission of the effects of ACEs*](#). Parents’ early exposure to adversity can negatively impact their children’s short and long-term outcomes, including:

- [*Childhood developmental delay*](#)
- [*Higher odds of hyperactivity and emotional difficulties*](#)
- [*Depression and anxiety*](#)
- [*Early childhood engagement and educational difficulties*](#)
- [*Poor mental health in adulthood*](#)

States are increasingly passing legislation that includes language on ACEs and trauma-informed policy.

Such policies include the implementation of state trauma awareness training and trauma-informed systems of care, improving the quality of ACEs surveillance data, and improving access to ACEs screening. To be effective, these policies must be met with meaningful changes in practice within early childhood learning settings, and any other context where young children and their families are served.



Nonprofits and other community-based organizations are at the forefront of efforts to create trauma informed communities. In North Carolina, The Center for Child and Family Health’s [*Trauma-Informed Communities \(TIC\) Project*](#) takes a collaborative approach that works across multiple service systems. The TIC Project builds on strengths, while identifying and addressing barriers to thriving for children and families. These communities serve as a first step in a larger effort of working toward the adoption of a trauma-informed approach across the state.

Similarly, [*Resilient NC*](#) creates local community collaboratives by networking and building the capacity of organizations across North Carolina who are working to prevent trauma and create successful communities where everyone can thrive. Through community-led collaboratives, Resilient NC is navigating the complex questions and challenges involved in creating a statewide support system that involves multiple organizations and priorities.

POLICY: Developing two-generation strategies

Maternal mental health is a particularly critical factor in child well-being. [Maternal depression](#) has been shown to have negative impacts on child development from infancy through adolescence. Children who grow up with mothers struggling with poor mental health are more likely to experience [disruptions to their stress response systems](#). This can lead to poor emotional and behavioral regulation, as well as mental health challenges later in life. We are often attentive to disruptive externalizing problems, but maternal childhood trauma also increases the risk that children will exhibit depressive, withdrawn, internalizing problems.

Parents with early exposure to adversity are [more likely to experience parenting stress](#), and [parents who are continually coping with adversity](#) struggle with the process of [helping young children learn how to regulate their emotions and behaviors](#). These early-life skills are vital, in that they will serve children throughout their lives in school, work and social relationships. When parents are coping with overwhelming stressors, providing them with access to supportive services that aid them in responding to the needs of their infants and young children can buffer young children against negative impacts on their own mental health and well-being. Ensuring that children are mentally healthy is inherently coupled with ensuring that their parents are also well.

Because parental well-being is so fundamental to the outcomes of young children, policy strategies should target not only the needs of the child, but the needs of the entire family. [Two-generation strategies](#) focus on alleviating family stressors by linking families to resources that address adult and whole-family needs, while also providing direct child health and development resources. These programs aim to [improve the outcomes of children and their parents](#) by [promoting education](#), [providing economic support](#), [addressing health and well-being and/or building social capital](#).



Interventions that can improve outcomes

Any child in any family can develop early signs of mental health distress. However, [children in families experiencing poverty and other adversities are at increased risk for exposure to traumatic stressors, poor health and mental health outcomes](#), and [unfavorable outcomes in adulthood](#). Chronic childhood poverty creates cumulative exposure to adversity and stress that can behave as a toxicant in the developing brain of a child. Children who are living in poverty are also the [least likely to have access to pediatric mental health care](#), further exacerbating marginalization and poor developmental outcomes.

Fortunately, the negative effects of poverty on children’s development are not a foregone conclusion.

These impacts can be alleviated by [investing in public policies](#) that either reduce family poverty, or reduce the impacts of poverty on caregivers and children. Upstream policies are also likely to reduce the risk of young children who exhibit emotional and behavioral dysregulation being excluded from early learning programs.



Upstream interventions include:

- [Integrated workforce training and early childhood programs](#) to simultaneously serve the educational needs of both caregivers and children.
- [Medicaid expansion](#), to ensure low-income families have access to high-quality health and mental health care.
- [Paid family and medical leave](#) to support parent-child bonding and children’s healthy development.
- [State Medicaid and WIC cooperation](#) to increase WIC participation among low-income families and their young children. [More than half of eligible families](#) do not participate in WIC.
- [Rental assistance programs](#) for low-income families with children to prevent homelessness.
- [State-level policy changes to Temporary Aid to Needy Families \(TANF\)](#) that better support families with young children, such as eliminating burdensome “proof of work” requirements, or providing cash benefits to cover basic needs.



PRACTICE: Wrap-Around Services

Early childhood learning settings are excellent settings to [embed support for families](#), also known as [wrap-around services](#). These are targeted programs that address socioeconomic and other non-educational barriers to learning. Wrap-around services [promote family well-being](#) by ensuring that [the stress of being unable to meet basic needs](#) does not interfere with responsive parenting, allowing parents to focus instead on supporting their young child's learning, development, and [school readiness](#).

Wrap-around services [promote child and parent engagement](#) in early care and learning. Greater engagement leads to [positive educational outcomes](#), and can help close the gap in positive outcomes between low-income young children and their peers. Integrating two-generation wraparound supports within educational settings also [improves student engagement, social and mental health outcomes](#).

Wrap-around services and programs can include:

- Free and accessible transportation to and from child care and education centers
- Serving nutritious meals to children while they are in care
- Connecting families to programs that address food insecurity such as SNAP, WIC, or local food pantries
- After-school and summer programming
- School-based health services, and/or collaboration with external healthcare providers
- Case management to connect families to outside social services
- Legal services and advocacy
- Providing diapers and other basic needs to new parents
- Adult education and English as a Second Language classes

The Federal Administration for Children & Families created [this series of webinars](#) to help policymakers understand the many ways that investments in parents are also long-term investments in children. Policymakers can [integrate two-generation approaches into existing agendas](#) for improving the economic stability of all families.



Engaging all relevant stakeholders in the development and implementation of wrap-around services increases the likelihood of success.

“Stakeholders” includes families, care providers, teachers, and center directors. The [*integration of two-generation interventions within care and learning settings*](#) should involve:

- **Evaluation of families’ environments and access to services** so that targeted supports respond to the specific needs of children and parents
- **Partnership with community organizations** to ensure families are connected to local resources
- **Engagement and outreach to parents** to promote the use of wraparound services, evaluate program success, and incorporate parent and caregiver voices in future development
- **Data monitoring of wrap-around services** to improve implementation and capture trends in how services are delivered and used

While childhood exposure to trauma can have serious consequences for children’s long-term health and development, **timely and appropriate interventions can prevent harm and build children’s resilience for the long-term.** Early childhood professionals and child care providers have an important role to play in recognizing how child behavior is related to exposure to trauma, and how to help families get the support they need. These interventions can prevent escalating behavior problems that lead to exclusionary discipline, expulsion, and missed opportunity for young children.

In the next and final brief in this series, we will report on what child care providers and preschool teachers are saying about their current efforts to minimize suspension and expulsion. Early childhood professionals and care providers will share what they need to strengthen their capacity to meet the needs of infants and young children who are exhibiting emotional and behavioral dysregulation.



The **North Carolina Early Childhood Foundation** (NCECF) promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.



The **Trauma Responsive Educational Practices (TREP) Project** aims to create schools and classrooms that can meet the social, emotional, and academic needs of students coping with toxic levels of stress and trauma.